

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

2876

Suggested Classification::

235/379

Title::

CASH DISPENSING AUTOMATED BANKING

MACHINE WITH FASCIA AND COMPONENT SELF-

ALIGNMENT

Attorney Docket Number::

D-1221 R8

Request for Early Publication?::

Request for Non-Publication?::

No No

Suggested Drawing Figure::

32

Total Drawing Sheets:

97

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mark

Middle Name::

Family Name::

Douglass

Name Suffix::

City of Residence::

North Canton

State or Province Of Residence:: OH

Country of Residence::

Street of mailing address::

1037 Bel Air Drive NW

City of mailing address::

North Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Roy

Middle Name::

Family Name::

Mleziva

Name Suffix::

City of Residence::

Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

915 39th Street NE

City of mailing address::

Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44714

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Daniel

Middle Name::

Family Name::

Schoeffler

Name Suffix::

City of Residence::

Twinsburg

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

2148 Demi Drive

City of mailing address::

Twinsburg

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

44087

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Dave

Middle Name::

Family Name::

Kraft

Name Suffix::

City of Residence::

Canton

State or Province Of Residence:: OH

Country of Residence::

Street of mailing address::

3505 Darlington Avenue

City of mailing address::

Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Richard

Middle Name::

C.

Family Name::

Lute

Name Suffix::

City of Residence::

Mogadore

State or Province Of Residence:: OH

Country of Residence::

Street of mailing address::

3460 Curtis Street

City of mailing address::

Mogadore

State or Province of mailing address::

Country of mailing address::

OH US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Shawn

Middle Name::

Family Name::

Griggy

Name Suffix::

City of Residence::

North Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

2585 Mt. Pleasant NW

City of mailing address::

North Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: MX

Status:: Full Capacity

Given Name:: Pedro

Middle Name::

Family Name:: Tula

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 1118 Lindylane Ave. SW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Zen

Middle Name:: Y.

Family Name:: Wang

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 8296 Abigail Circle NW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Correspondence Information

Correspondence Customer Number::

28995

Representative Information

Representative Customer Number: 28995

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Date Filing::
This Application	An application	60/453,667	03/10/2003
	claiming the benefit		
	under 35 USC 119(e)		

Assignee Information

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

OH